

## Arizona Department of Revenue • Unclaimed Property Section UNCLAIMED PROPERTY REPORT

(Remittance <u>must</u> accompany report)

Date:		Please check one:	Life Insurance Annua	al Report Annu	ual Report (all other entities)						
Fede	ral ID Number:			Contact Person:							
1.	Entity Name:			Telephone:							
	Address:			State of Incorporation (if incorporated):							
	City:	State:	Zip:	Date of Incorporation	on (if incorporated):						
2.	Did you file a report	of abandoned prope	rty last year? Y	es No							
	If "No," please expla	ain									
3. North American Industry Classification System Code (NAICS), 6 digits:											
				remitted on to vendor chectory a. Accounts b. Accounts	under \$50 \$50 and over when	,					
				owners name is <i>unknown</i> (attach detailed Schedule A)							
				c. Accounts \$50 and over when							
				owners name is <i>known</i>							
				(attach de	etailed Schedule A)						
TOTAL REMITTED (all accounts)											
Stock name and issue type		CUSIP No.		Number Shares							
Sent	Sent DTC: Yes No If "Yes," enclose confirmation.										
Number of Safe Deposit Boxes Remitted:											
Name of Previous Holder: If you are a successor to a previous holder of the property, or if you have changed your name, please list such prior names below.											
Name A				ddress							
The undersigned declares under penalty of perjury, that to the best of his/her knowledge and belief, the foregoing information set forth in the schedules attached is true and correct.											
Print N	Name		Signature		Title	-					
Mak	Make check payable and mail to:  Arizona Department of Revenue Unclaimed Property P O Box 29026, Phoenix, AZ 85038-9026										

	FOR DEPARTM	ENT USE ONLY	
Reference No.	Check Amount	Deposit Date	Balanced By